C R O M E R

URBAN DISTRICT COUNCIL

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THE SEVENTY-SIXTH

A N N U A L R E P O R T

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE

YEAR ENDED DECEMBER 31st

1 9 6 0

CROMER URBAN DISTRICT COUNCIL

PUBLIC HEALTH COMMITTEE

1960

Mr. L. T. Sansford, Chairman

Mr. C. R. Amis	Mr. M. D. New
Mr. R. W. Graveling	Mr. J. H. Rounce
Mrs. E. G. Lycett	Mr. N. H. Trollor
Mr. T. H. Makins	Mr. N. D. Warnes

Medical Officer of Health
Dr. P. G. Holt. M.B., Ch.B., D.P.H.

Public Health Inspector
Mr. J. A. Haigh, Cert.R.S.I.,A.M.I.S.E.

CROMER URBAN DISTRICT COUNCIL

REPORT
of the
MEDICAL OFFICER OF HEALTH
for the
Year Ended 31st December, 1960

Mr. Chairman and Members of the Council,

I have the honour to submit my annual report on the health of the area for the year 1960. That the area is a healthy one is shown by the fact that the death rate, when corrected for age and sex of the local population, is below average. The complete absence of serious epidemic desease is also noteworthy, though the same cannot be said of trivial virus infections which are prevalent and have a high nuisance value. These infections, which produce such symptoms as diarrhoea and vomiting, sore throats, fevers etc., are one of the public health problems which still have to be solved, though there is little hope of a solution in the foreseeable future.

The environmental services provided by the Council have continued to be improved. 1960 witnessed the extension of the Holt Road sewer, the opening of a new public convenience and the decision to use the Destructor for the disposal of all the Town's refuse.

I would like to thank the members and staff of the Council for their co-operation and to express my appreciation of the great assistance given to me in the compilation of this report by the staff of the Local Health Office.

I am, Sirs,

Your obedient Servant,

P. G. HOLT
M.B., Ch.B., D.P.H.

TOPOGRAPHY

A popular seaside resort, noted for its bracing, healthy climate, situated on the North Norfolk Coastline about midway between Mundesley and Weybourne.

The Cromer Urban District is bounded on the East, South and West by the Erpingham Rural District and on the North by the sea.

Area in acres	1,158
Population (Estimated)	4,910
Number of Inhabited Houses	1,878
Rateable Value	£79,965
Sum represented by a Penny Rate	£320

VITAL STATISTICS

Births

Live Births	Males	Females	Totals
Legitimate	25	28	53
Illegitimate	1	-	1
	26	28	54

Live Birth Rate per 1000 estimated population	11.0
Corrected (comparability factor 1.09)	12.0
National rate	17.1

This is a particularly low Birth Rate, and is a considerable drop from last years figure of 13.5 (14.7 corrected) despite the fact that the National rate has risen by 0.6. The one illigitimate birth given is a rate of 1.8%.

Still Births

No still births were recorded during the year. The National figure is 19.7 per 1000 total births, the lowest ever recorded and a big improvement on last years record low figure of 21.0.

Infant Mortality

For the second successive year there were no deaths of infants under 1 year of age. The rate for England and Wales is 21.7 per 1000, the lowest ever. It is interesting to compare this with the national figure of only 10 years ago (1950, 29.6) to see what steady progress is being made in this field.

Deaths The following causes of death are classified under the 36 headings based on the abbreviated list of the International Statistical Classification of Diseases Injuries and Causes of Death, 1955.

	Male	Female	Total
Tuberculosis of Respiratory System	-	-	-
Other Tuberculosis	-	-	-
Syphilitic Diseases	-	-	-
Diptheria	-	-	-
Whooping Cough	-	-	-
Meningococcal Infections	-	-	-
Acute Poliomyelitis	-	-	-
Measles	-	-	-
Other Infective & parasitic diseases	-	-	-
Cancer of the Stomach	1	-	1
Lung & Bronchial passages .	5	-	5
Breast	-	2	2
Uterus	-	1	1
Other malignant & lymphatic growths	3	5	8
Leukaemia & Aleukaemia	-	1	1
Diabetes	-	-	-
Vascular lesions of nervous system	6	3	9
Coronary disease & Angina	10	3	13
Hypertension with heart disease ..	-	1	1
Other heart disease	2	5	7
Other Circulatory Diseases	2	2	4
Influenza	-	-	-
Pneumonia	2	3	5
Bronchitis	2	-	2
Other Diseases Respiratory System	-	-	-
Ulcer Stomach & Duodenum	1	-	1
Gastritis, Enteritis & Diarrhoea	-	1	1
Nephritis and Nephrosis	-	-	-
Hyperplasia of the Prostate	1	-	1
Pregnancy, Childbirth & Abortion	-	-	-
Congenital Malformations	-	1	1
Other diseases & ill-defined diseases	3	5	8
Motor vehicle accidents	-	-	-
All Other Accidents	-	2	2
Suicide, Homicide & operations of War	-	-	-
	38	35	73

The total number of deaths was 73, which is very little different from last year (75). Disease of the heart and circulation accounted for one third of all deaths, while cancer was responsible for a further quarter. Once again there were no deaths from any infectious disease, maternal causes, suicide or road accident.

Death Rate per 1000 of the estimated population for the last four years:-

1957	1958	1959	1960
17.3	17.0	15.1	14.8

Corrected death rate per 1000, 1960 ... 10.0
National rate 11.6

INFECTIOUS DESEASES

Notifications received during the year are tabulated below:-

DISEASE	Age Unknown	Under 1	1 - 2	3 - 4	5 - 9	10 - 14	15 - 24	25 plus	TOTAL
Whooping Cough	-	1	-	1	1	-	-	-	3
Measles	-	2	17	16	39	-	-	-	74
Dysentery	-	-	-	1	-	-	-	-	1
Non-Pulmonary T.B.	-	-	-	-	-	-	1	1	2
TOTAL ...	-	3	17	18	40	-	1	1	80

TUBERCULOSIS

There were no new cases of pulmonary T.B. arising in the district, but there were 7 inward transfers, i.e. cases of T.B. who have come to live in the district from other areas, so that the total number of persons whose name appeared on the register at the end of the year was 28.

TUBERCULOSIS REGISTER 1960

Number of Notifications received in 1960

	PULMONARY		NON-PULMONARY		Total
	Male	Female	Male	Female	
New Cases	-	-	1	1	2
Inward Transfers	5	2	-	-	7

Number of cases on Register at 31.12.60

	PULMONARY		NON-PULMONARY		Total
	Male	Female	Male	Female	
	14	8	3	3	28

POLIOMYELITIS

Cromer has been singularly fortunate in that the last case of poliomyelitis notified was in 1954. It does not follow, however, that this good record will be continued, and it is vitally important that a high level of immunity be maintained in the local population. Poliomyelitis used to be called "infantile paralysis" because it attacked young children only, but in recent years it's characteristics have altered and now older children and young adults are particularly liable to be victims of the disease. The number of children who have been immunized against the disease is

...

quite high, but the position amongst young adults is not nearly so satisfactory. It would appear that we care more for out children than for ourselves, which is very noble of us, but also rather foolish.

The number of persons vaccinated against the disease during 1960 are as shown below:-

POLIOMYELITIS VACCINATION

1960

Age	Under 1	1	2	3	4	5	6	7	8
Received two injections	20	204	33	5	7	11	10	13	9
Received third injections	-	102	157	34	30	23	28	23	29
Age	9	10	11	12	13	14	15-25	26-40	Others
Received two injections	10	13	8	11	5	8	90	291	78
Received third injections	26	23	19	33	17	34	862	149	49

TOTAL (2 injections) 826
TOTAL (3 injections) 1638

The total number of persons in Area No. 2 who had received three injections at any time up to 31st December, 1960, was as follows:-

Children born 1956-60	845
Children born 1943-55	3259
Persons born 1933-42	1139
Persons born before 1933 and under 40 years of age	313
Others	85
TOTAL ...	5641

These figures relate to the Administration Area No. 2 of Norfolk County Council, as separate figures for Cromer are not available.

DIPTHERIA, WHOOPING COUGH and TETANUS

Immunisation against Diptheria is now usually combined with that against Whooping Cough and Tetanus so as to reduce the total number of injections required. These injections are best given early in infancy so as to protect against Whooping Cough which is so dangerous when contracted by a baby. It does not necessarily prevent a child from developing the disease altogether, but it does considerably reduce the severity of the illness, so much so that in many cases Whooping Cough is never suspected or diagnosed.

It is most gratifying to record a substantial increase in the numbers immunised from 252 in 1959 to 456 in 1960. Diptheria is only kept at bay by maintaining a high level of immunity in the local population, and if that falls below a certain level, outbreaks of the disease are likely to occur. This has happened in one or two places recently, and is a tragedy which should not occur when prevention is so easy.

The increase in number of those who have received a booster injection from 11 to 383 reflects the beginning of a campaign to bring up to date all the immunisation states of the schoolchildren in the district and to combine this with immunisation against Tetanus where required.

1960

DIPTHERIA IMMUNISATION

AREA NO.2.

Age at 31.12.60 i.e.born in year	-1 1960	1 1959	2 1958	3 1957	4 1956	5 1955	6 1954	7 1953	8 1952
Total immunised during 1960.	99	206	54	25	17	8	13	9	10
	9 19 1	10 1950	11 1949	12 1948	13 1947	14 1946			
	7	4	2	2	-	-	TOTAL under 15 years 456		

DIPTHERIA IMMUNISATION (cont'd)

Ditto - Booster	-1 1960	1 1959	2 1958	3 1957	4 1956	5 1955	6 1954	7 1953	8 1952
	-	-	3	-	18	41	58	59	66
	9 1951	10 1950	11 1949	12 1948	13 1947	14 1946			
	48	55	28	3	3	1	TOTAL under 15 years 383		
Total immunised at any time between 1946-1960	-1 1960	1 1959	2 1958	3 1957	4 1956	5 1955	6 1954	7 1953	8 1952
	99	271	220	272	257	268	292	356	335
	9 1951	10 1950	11 1949	12 1948	13 1947	14 1946			
	232	261	374	349	375	283	TOTAL under 15 years 4244		
Ditto - Booster	-1 1960	1 1959	2 1958	3 1957	4 1956	5 1955	6 1954	7 1953	8 1952
	-	-	3	1	18	42	61	69	76
	9 1951	10 1950	11 1949	12 1948	13 1947	14 1946			
	56	100	159	172	287	277	TOTAL under 15 years 1321		

The various antigens used were as follows:-

Triple Antigen (Diptheria/Pertussis/Tetanus)	=	424
Combined Antigen (Diptheria/Tetanus)	=	31
Single Antigen (Diptheria only)	=	1
		456

IMMUNISATION AGAINT TETANUS

A total of 399 children under 15 years of age and 479 persons over the age of 15 years were inoculated during the year with tetanus toxoid and a further 43 received a booster injection. Thus, by including those inoculated with triple or combined antigen, a grand total of 1376 persons of all ages received protection against tetanus during 1960.

VACCINATION AGAINST SMALLPOX

The following table relates to persons vaccinated in Area No. 2 during 1960:-

Age at date of vaccination	Under 1	1	2	3	4	5-15	15 & over	Total	Total 1959
Primary	278	9	1	3	2	7	24	324	232
Re-vaccination	-	2	1	2	3	21	102	131	107

There is a considerable increase in the numbers vaccinated this year despite the publicity given to the other immunising procedures. Vaccination against Smallpox is still important for two reasons. Firstly it is the only means of protection against this highly infectious disease. Although there is no reservoir of infection in this country, cases are occasionally imported from abroad and with the increasing use of fast aircraft, the chances of the disease being introduced are greater.

The other reason is bound up with the international regulations requiring a person travelling abroad to have been vaccinated in the previous three years. If vaccination had been carried out at an earlier age, then the re-vaccination required would not produce any constitutional disturbance or ill effects, but if primary vaccination is performed on an older child or adult, a severe reaction may occur. For this reason it is always strongly advisable for vaccination to be performed in the first two or three years of life. The procedure may then be repeated as often as necessary with impunity.

GENERAL PROVISIONS OF THE HEALTH SERVICE

For the purpose of carrying out the services provided by the Norfolk County Council under the National Health Services Act, 1946, the Urban District of Cromer, the Urban District of Sheringham and the Rural District of Erpingham are combined to form County Area No. 2. Those services include midwifrey, the care of mothers and young children, vaccination and immunisation, home nursing, mental health, prevention of illness care and after-care, home helps and the ambulance service.

Maternity and Child Welfare

The town is served by an Infant Welfare Clinic, held twice a month at the Local Health Office, Norwich Road, Cromer. The domiciliary service is provided by a District Nurse/Midwife and a full time Health Visitor, both of whom are in attendance at the Clinic together with the Medical Officer.

All children under 5 are visited regularly in their homes by the Health Visitor, who takes over from the Midwife when the baby is two weeks old. Children of 5 years and over come under the supervision of the School Nurse.

Vaccination and Immunisation

This is carried out by the Assistant County Medical Officer and by the General Practitioners. Sessions for vaccination and immunisation against smallpox, diptheria, whooping cough, tetanus and polio are arranged at Clinics, Schools and General Practitioners' surgeries.

School Medical Service

This takes up a considerable amount of time as every one of the 28 schools in the area is visited annually and on these occasions a full examination of all children in the appropriate age groups is carried out. They are seen during their first year at school, at 10 years and before leaving; if any defects are discovered, they are referred for treatment or investigation. Children in whom there is thought to be a need for supervision are seen every year. Apart from the routine visits, many special visits to schools are made for such purposes as immunisation, mental ascertainment, examination when transport to school is believed necessary and so on. The vision of all pupils is tested at 8 years as a routine.

General Welfare

These services are administered in the district by the Local Welfare Officer, who is in attendance and available for interview at:

CROMER. Local Health Office 9 - 10 daily.

ENVIRONMENTAL HEALTH

It is gratifying to note that no cases of food poisoning occurred during the year. At the same time, one should never be complacent on the subject of food hygiene as a small error or lack of care on the part of a food handler could easily produce a serious outbreak of food poisoning. Some establishments are excellent in all respects, but in general there is a need for a new outlook on this subject, particularly with regard to the individual worker. Managements and supervisory staff tend to be content to tell their assistants what to do without making certain that the instructions are fully understood and carried out. There is also quite often failure on the individual's part to understand the reason behind the precautions which are necessary.

If every manager or supervisor of premises where food is handled was to ensure that he or she was fully aware of the facts regarding food hygiene and would enthusiastically instruct and educate his or her staff, then I believe we would observe a very great improvement in the position. The public could also help by patronising only those premises where a high standard was maintained; good hygiene would then be synonymous with good business.

PART 11

SANITARY CIRCUMSTANCES OF THE DISTRICT

THE REPORT OF THE SURVEYOR AND PUBLIC HEALTH INSPECTOR

Sanitary Inspections of the Area:

The following inspections were carried out:-

House to House Inspections	140
Inspections under Housing Acts	36
Inspections of Nuisances discovered	19
Re-inspection to ascertain Progress	19
Visits in connection with Infectious Diseases	3
Inspections of Cowsheds and Dairies	37
Inspections under Factories and Workshops Acts	20
Re-inspections	20
Inspection of tenements	21
Inspection of Foodshops other than Dairies & Bakehouses	915
Premises disinfected	Nil
Rooms disinfected	Nil
Drainage Systems tested	45
Committee Meetings attended	12
Preliminary Notices served	19
Legal Proceedings taken	Nil
Premises found to be defective by house to house inspection	19
Premises found to be defective by Workshop inspection	1
Premises found to be defective by Tenement inspection	Nil
Statutory Notices served	Nil
Housing - No Court Action taken	Nil

Housing ... The erection of Council houses is still at a standstill and one must note that the present rents are a serious drain on the pockets of people not in receipt of industrial incomes.

The average of private persons erecting houses for their own needs is being maintained, but a shortage of building sites in the right locality may hamper this movement in the near future.

Slum Clearance ... Steady progress was continued during the year in this connection, the tendency being towards improvement and re-construction rather than demolition.

Meat Inspection .. There are no slaughterhouses in the district and the whole of the meat sold in the shops in Cromer is brought in from outside sources.

Coming from large slaughterhouses, the meat is inspected at the source and is also inspected in the shops in Cromer.

The standard of meat supplied is, in general, very good and it has not been found necessary to take any action during the year.

Food Inspection ... The food offered for sale continues to be of good quality and I wish to acknowledge the ready co-operation of the firms engaged in this trade both Wholesale and Retail.

Ice Cream... Supplies of Ice Cream on sale in the district were regularly sampled during the year and all samples were returned by the Public Analysist as Grade "A".

Slaughterhouses ... There are no Licensed Slaughterhouses in the District.

Water ... Samples of raw and chlorinated water were taken from the Metton and Roughton Road Pumping Stations at intervals during the year and the analysis carried out proved that this source of water continues to be of very high purity. Satisfactory reports were received on all the samples submitted. It was not found necessary to restrict the supply of water for any purpose during the year, and further supplies were given to adjoining districts during the year.

Sewers ... During the year the Council made the first sewer extension in the South Western Area of the District, and with the development of Industry and House building no doubt further sewer extensions will have to be considered during the coming year.

Public Conveniences ... New Public Conveniences have been erected in Runton Road, Cromer, and the Council are also concerned about the state of the Red Lion Conveniences and have given instructions for a scheme to be prepared with a view to modernising these premises.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
in respect of the Year 1960 for the Urban District
of CROMER in the County of Norfolk

Prescribed particulars on the Administration
of the Factories Act, 1937.

PART 1. OF THE ACT

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors.)

Premises (1)	Number on Register (2)	Number of Inspections (3)	Written Notices (4)	Occupiers Prosecuted (5)
(i) Factories in which Sections 1,2,3,4, and 6 are to be enforced by Local Authorities	24	24	Nil	Nil
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	8	3	Nil	Nil
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)	3	6	Nil	Nil
TOTAL	35	33	Nil	Nil

2. Cases in which DEFECTS were found
(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases").

Particulars (1)	Number of cases in which defects were found				Number of cases in which Prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	Referred By H.M. Inspector (5)	
Want of Cleanliness (S.1)	Nil	Nil	Nil	Nil	Nil
Over-crowding (S.2)	Nil	Nil	Nil	Nil	Nil
Unreason-able temperature (S.3)	Nil	Nil	Nil	Nil	Nil
Inadequate ventilation (S.4)	Nil	Nil	Nil	Nil	Nil

Particulars (1)	Number of cases in which defects were found				Number of cases in which Prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	Referred By H.M. Inspector (5)	
Ineffective drainage of floors (S.6)	Nil	Nil	Nil	Nil	Nil
Sanitary Cons (S.7)	Nil	Nil	Nil	Nil	Nil
Insufficient Unsuitable or defective	Nil	Nil	Nil	Nil	Nil
Not separate for sexes	Nil	Nil	Nil	Nil	Nil
Other Offences against the Act (not incl. relating to Out-work)	Nil	Nil	Nil	Nil	Nil

PART VIII OF THE ACT

OUTWORK

(Sections 110 and 111)

NO OUTWORKERS ... RETURN N I L

Signature P. G. HOLT
M.B., Ch.D., D.P.H.

Medical Officer of Health

Date: June, 1961.